

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)	10/58/143
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CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
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9	1					
10	1					
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TOTAL IND.	6		6		6	
TOTAL DEP.	4	←	4	←	4	←
TOTAL CLAIMS	10	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓			
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		████████	████████	████████	████████	████████